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Approved for use through 10/31/2002. OMB 0651-0032
Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE
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UTILITY PATENT APPLICATION
TRANSMITTAL
(Only for new nonprovisional applications under 37 C.F.R. § 1.53(b) Attorney Docket No. | 2993-454US-1 PJF/rl First Inventor PATEL, Bhawan B. et al.

Title | COMBUSTOR LINER V-BAND DESIGN Express Mail Label No.

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L	s	ee N	APEP cha	APPLICATION In pter 600 concerning util	LEMEN	TS plication col	ntents.		ADDI	RESS	TO: Box Pa	ant Commission itent Application igton, DC 20231		
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2.		7	Applicat	original and a duplicate for nt claims small entity CFR 1.27.	fee processing) status.	)		8.	Nuc	Progra leotide a	m (Appendix)			
3.	D	ব	Specifica	ation	[Total Pa	en e	15 ]		a.		•	able Form (CR	F)	
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ı			- Cross	References to Relate	ed Application	ons			C.			6.inn idn. 46		
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ı			<ul> <li>Detaile</li> <li>Claim(</li> </ul>	ed Description						(when th	nere is an assigne	9)	- Attorney	
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				inventor(s) named in the see 37 C.F.R. 1.63(d)(2)	prior application	١.				122(b)	(2)(B)(i). App 3B/35 or its eq	olicant must atta	ach form	
6.	Γ	٦,	Applicati	on Data Sheet. See		<b>76</b> .		17.		Other:	10/00 OI 115 6Q	uivaleiit		
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Si	gnatu	ire			11.		7			•	Date	February 1	2, 2004	
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PTO/SB/17 (08-03)

Approved for use through 07/31/2006, OMB 0651-0032

Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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FEE TRANSMITT	ra i	Complete If Known				
LEE LEWISHILL	ML	Application Number	·			
for FY 2004		Filing Date				
Effective 10/01/2003, Patent fees are subject to annual	mission	First Named Inventor	PATEL, et al.			
Ellowite two it 2000. Felong 1003 and Subject to distinditionistics.		Examiner Name	·			
Applicant claims small entity status. See 37 CF	R 1.27	Art Unit				
TOTAL AMOUNT OF PAYMENT (\$) 810		Attorney Docket No.	2993-454US-1 PJF/H			

METHOD OF PAYMENT (check all that apply)	FEE CALC				E CALCUI	LATION (c	ontinued)	
☐ Check ☐ Credit Card ☐ Money Order ☐ Other ☐ Nor ☒ Deposit Account :	-	3. ADDITIONAL FEES  Large Entity   Small Entity						
Deposit Account 195113	Fee Code	Fee	Fee	Fee (\$)		Fee Descrip	tion	Fee Pald
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The Director is authorized to: (check all that apply)  Charge fee(s) indicated below Credit any overpayments	1812	2,520	1812	2,520	For filing a requ	est for reexam	ination	
Charge any additional fee(s) or any underpayment of fee(s)	1804	920°	1804	920°	Requesting put	olication of SIR	prior to Examiner	
Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account	1805	1,840*	1805	1,840*	Requesting publication of SIR after Examiner action			
	1251	110	2251	55	Extension for re	eply within first	month	
FEE CALCULATION	1252	420	2252	210	Extension for reply within second month			
1. BASIC FILING FEE	1253	950	2253	475	Extension for re	oly within third	! month	
Large Entity Small Entity	1254	1,480	2254		Extension for re			
Fee Fee Fee Fee Code (\$) Code (\$) Fee Description Fee Paid	1255	2,010	2255		Extension for re			
1001 770 2001 385 Utility filling fee 770	1401	330	2401	165	Notice of Appea	al		
1002 340 2002 170 Design filing fee	1402	330	2402	165	Filing a brief in	appeai		
1003 530 2003 265 Plant filing fee	1403	290	2403	145	Request for ora	l hearing		
1004 770 2004 385 Reissue filing fee	1451	1,510	1451	1,510	Petition to instit	ute a public us		
1005 160 2005 80 Provisional filing fee	1452	110	2452	55	Petition to reviv	re - unavoidable	e	
SUBTOTAL (1) (\$) 770	1453	1,330	2453	665	Petition to reviv	e - unintention	al	
2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE	1501	1,330	2501	665	Utility issue fee	(or reissue)		
Extra Fee from Fee Paid	1502	480	2502	240	Design issue fe	e		
Total Claims -20**= X =	1503	640	2503	320	Plant issue fee			
Claims X = X	1460	130	1460	130	Pelitions to the	Commissioner		
Multiple Dependent	1807	50	1807	50	Petitions related	d to provisional	applications	
	1806	180	1806	180	Submission of I			
Large Entity Small Entity	8021	40	8021	40	Recording each (times number of		ment per property	40
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1202 18 2202 9 Claims in excess of 20	1810	770	2810	385			to be examined (37	
1201 86 2201 43 Independent claims in excess of 3	1801	770	2801	385	Request for Co	-	nation (RCE)	
1203 290 2203 145 Multiple dependent claim, if not paid	1802	900	1802	900	Request for exp of a design app	pedited examin dication	ation	
1204 86 2204 43 ** Reissue independent over original patent	Other fe	e (speci	fy)					
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or number previously paid, if greater; For Reissues, see above	*R	educed t	by Basic	Filing F	ee Paid	SI	JBTOTAL (3) (\$)	40
SUBMITTED BY					-	Complete (# a	applicable)	
Name (Print/Type) Paul J. Field		Registrati		34,96	3	Telephone	(416) 216-3903	
	<del>71</del> "	Attorney	-Agent)	- 7-			,	

Date February 12, 2004